

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576491

FILING DATE

4-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5	5					
6	1					
7	1		1			
8						
9						
10						
11	1					
12						
13						
14						
15	1					
16						
17						
18						
19						
20						
21						
22	1					
23	1		1			
24						
25						
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27	1		1			
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47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.			25			
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						